		PART B—ISSUE	FEE TRA	NSMITTAL STATE	.<	BA	
Complete and mail this formation	petherwitt appble	fees, to: Box ISI Assists	SUE FEE		latch a		
	7. M.	0.2	-08	1-02	, C/7	45	
MAILING INSTRUCTIONS: form should be seen for transmitting the ISSUE FEE. Blocks through 4 should be completed to suppose an All further correspondence including the Issue Fee Receipt, the Patent, advance orders are transmitted on f maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.				Note: The certificate of mailing below can only to the for domestic mailings of the Issue Fee Transmittal. This certificate to be used for any other accompanying papers. Each additional papers of the as an escience of the Transmitten part to the second of the Transmitten part to the second or formal densities as at least and the second or formal densities as at least and the second or formal densities as at least and the second or formal densities as at least and the second or formal densities as at least and the second or formal densities as at least and the second or formal densities as at least a second or formal densities as at least a second or formal densities as at least a second or formal densities as a second or for			
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)					I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class		
QM12/1105  KAARDAL & ASSOCIATES PC  ATTN IVAR M KAARDAL  SUITE 250  3500 SOUTH FIRST AVE CIRCLE  SIOUX FALLS SD 57105-5802				mail in an envelope address the date indicated below.		e address above on	
APPLICATION NO.	FILING DATE	TOTAL CLAIMS		EXAMINER AND GROUP		PATE MALLER	
09/641,852	08/18/00	011	MOY, J		3727	11/05/01	
09/641,652					- 0 Dav	<b>e</b> .	
First Named GETACHEW,		35 US	C 154	b) term exce	· · · · · · · · · · · · · · · · · · ·		
TITLE OF SEPARABLE CO	NITATNED APP	ARATUS					
INVENTION SEPARABLE CO	MINIMEN MILI		· · · · · · · · · · · · · · · · · · ·				
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE PUE	
2 00 - 0072	220-52	4.000 04	3 UT	ILITY YES	\$640.00	02/05/02	
Use of PTO form(s) and Customer Number are recommended, but not required.  (1) the name attorneys or				g on the patent front page, list s of up to 3 registered patent 1agents OR, alternatively, (2)			
PTO/SB/122) attached. member a and the nar				a single firm (having as a significant sig			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only approplate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE				4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):  Lissue Fee  Advance Order - # of Copies			
(B) RESIDENCE: (CITY & STATE OR COUNTRY)				4b. The following fees or deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER			
Please check the appropriate assignee category indicated below (will not be printed on the patent)							
☐ individual ☐ corporation or other private group entity ☐ government							
The COMMISSIONER OF PATENTS AN	ID TRADEMARKS IS requ	ested to apply the Issue	Fee to the ap	plication identified above.			
(Authorized Signature)		(Date)	42				
NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney							
or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.				•			
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary				02/11/2002 HTECKLU2 00000093 09641852			
depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231				01 FC:242	640	0.00 gp	
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.				Match & Return			
<del></del>	H CEE						

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTOL-85B (REV.10-96) Approved for use through 06/30/99. OMB 0651-0033